

FILED AUG 10 1944

Registration District No. 04275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McFarland
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 7 da. (Specify whether
 in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
 (c) City or town Dixon
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Samuel Newberry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Ivy Newberry 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 21 1876
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	9	21	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Farmer

MOTHER FATHER

11. Industry or business _____
 12. Name William Newberry
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 0
 14. Maiden name Elizabeth Martin
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Floyd Crawford, Jr.
 (b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/1944
 (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 7/19/1944 (Date received local registrar) (b) Jesse Harker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15, day _____, year 1944 hour 9 minutes 00 P.M.

21. I hereby certify that I attended the deceased from July 24, 1944 to July 15, 1944, that I last saw him alive on July 15th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9321

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature Jesse Harker (Date or other) 7/19/44
 Address Rolla, Mo. Date signed 7/19/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

01
 22
 22

1092

Aug 19 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... July 15 - 44 Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred W. Gilbert*

Licensed Embalmer No..... 2341

P. O. Address..... Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.